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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. : 10/730,522
Applicant : THAKRAR
Filed : December 8, 2003
Title : CONTACT LENSES WITH COLOR SHIFTING PROPERTIES

TC/A.U. : N/A
Examiner : N/A

Docket No. : D-4104
Customer No: : 33197

Office of Initial Patent Examination's Customer
Service Center
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being transmitted via facsimile to the Office of Initial Patent Examination's Customer Service Center, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, to fax number 703-746-9195, on the date indicated below.

Date:

By:

3/4/04

Greg S. Hollrigel

REQUEST FOR OFFICIAL FILING RECEIPT

Dear Sir:

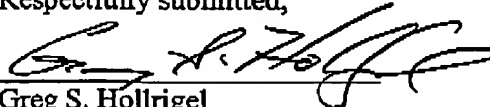
Applicant hereby requests for an Official Filing Receipt for the above-identified application. Applicant also requests that this application be associated with Customer Number 33197, as indicated in the originally filed application.

No fee should be due in connection with the filing of this request. However, if any fee is deemed necessary, the Commissioner is hereby authorized to charge any necessary fee to Deposit Account 13-5135.

Date:

3/4/04

Respectfully submitted,



Greg S. Hollrigel

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